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CONCERN®
Hope. Opportunity. Change.

Performance & Quality Improvement

Q4 and Annual Report FY 2022-2023

(2022-2023)

Introduction

The Performance and Quality Improvement Committee (PQI) was formed in May 2020. The PQI Committee meets monthly and reviews and analyzes data in order to identify progress and areas for improvement. The data in this report is evidence of the hard work that CONCERN's employees do every day.

The PQI Committee has developed data collection tools, reporting mechanisms and is continuing to work to improve the flow of information to make the data collection and analysis easier. We have several PQI sub-committees: Satisfaction Surveys, Meeting Prep, Measures, and Quarterly Reporting.

We have expanded the Measures sub-committee to focus on review of the logic models and outputs and outcomes collection tools. We have been updating, streamlining and clarifying our goals and collection of data and we will be working on this important project through this fiscal year and likely into the next.

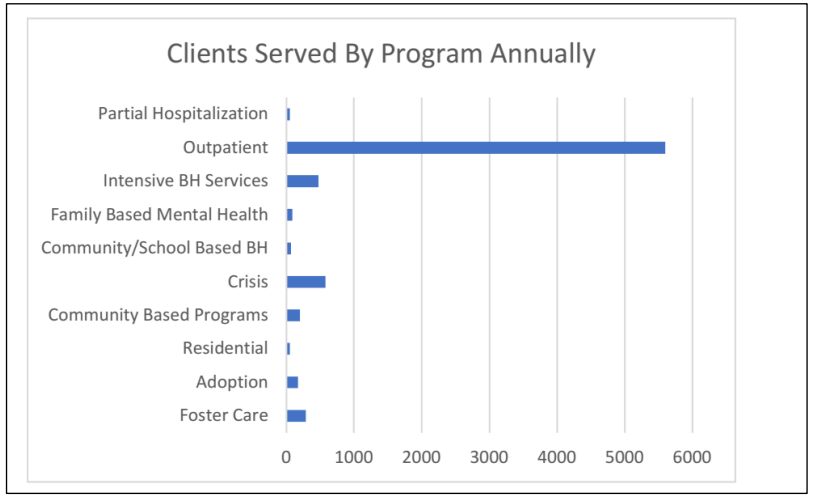
The data contained in this report is for a period of 1 quarter-Q4, April 2023 to June 2023 and all 4 quarters for the past fiscal year, July 2022 to June 2023.

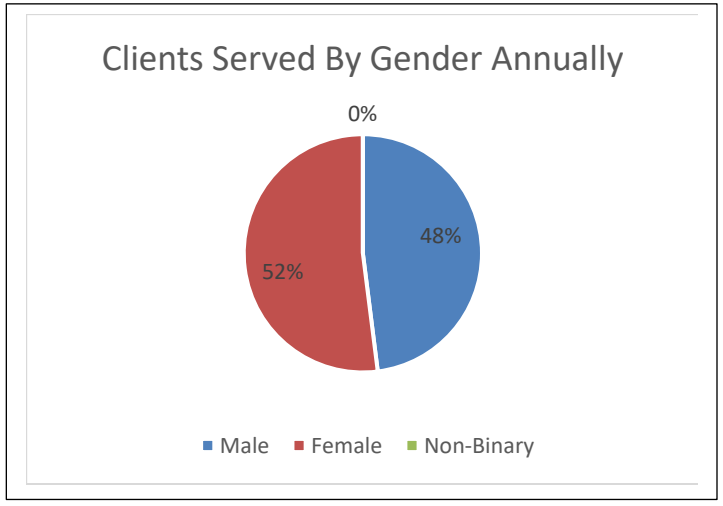
PQI Committee Members

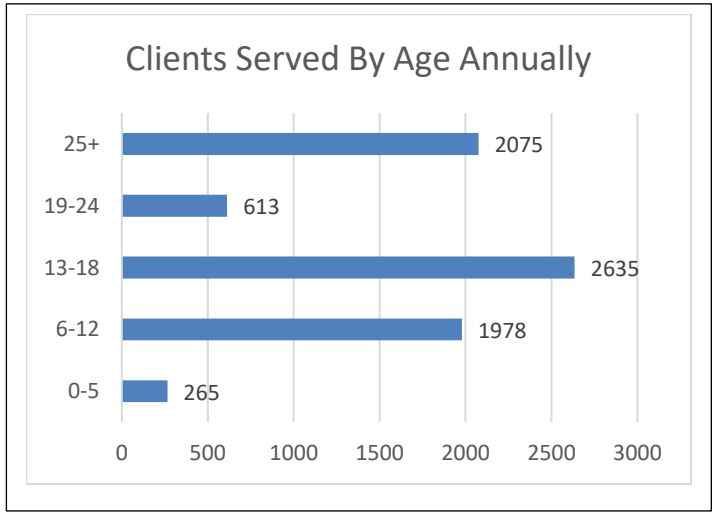
Jennifer Peters, Electronic Health Records Administrator
Sue Holmgren, Administrative Assistant
Val Rheinheimer, Caseworker
Kathy Stoica, IT Administrative Support
Kassie Irwin, Human Resources Manager
Crystal Boggs-Jennings, Director of Residential Services
Bambi Harmon, Social Services Clinical Director
Rebecca Brown, Quality Assurance Assistant
Flo Westley, Director of Adoption and Permanency Services
Stacey Page-Miller, Region Director
Kelly Crum, Region Director
Maria Flores, Region Director
Jen Bowen, Region Director
Carrie Knebel, Region Director
Tanya Jones, Vice President
Scott Lubinski, Chief Administrative Officer
Carri Prior, Senior Executive Assistant
Gordon May, President/CEO
Chair-Cheryl Reeling, Director of Quality Assurance

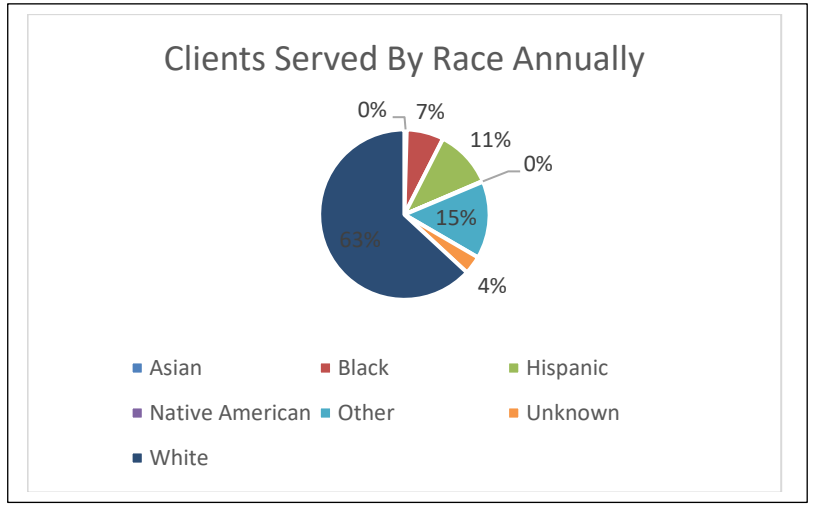
Demographics

CONCERN collects demographic information on the individuals we serve. Below are several charts with data for the number of clients in our various programs, the number of male and female clients, the age ranges of our clients, and the race of our clients.









Outputs & Outcomes

Data collection with purpose and passion

Each program has developed a Logic Model that captures the program's inputs, activities, outputs, and outcomes. Data collection tools have been developed to consistently collect the data. The collection tools are being revised to collect more data and be as user friendly as possible. This will result in more data to analyze and report on in the future. The PQI Committee oversees the data collection and aggregation of the data in order to measure performance and to improve our services and programs, which ultimately leads to better client outcomes.

This key is to be used with the charts on the following pages.

Key	
Meeting goal	
Making progress toward or partially meeting goal	
Trending low or not meeting goal	

Residential Program

Residential Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Average Clients Per Day	23.7	22.6	21	23	
Percent of Budget Days of Care	99%	94%	88%	83%	
Percent of Therapy Hours Delivered vs Prescribed	78%	77%	93%	97%	
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Percent of Weekly Passed Behavior Management Program (80% is passing)	78%	66%	73%	86%	
Percent of Discharged Youths Attending School/Graduated	*	*	50%	50%	
Average Math Grade (60% is passing)	N/A	*	78%	85%	
Average English Grade (60% is passing)	N/A	*	72%	72%	

*indicates no data collected for these items
N/A for Q1 due to classes not in session (summer)

Residential Outputs	FY 22/23	Annual Results On Target
Average Clients Per Day	22.47	
Percent of Budget Days of Care	90%	
Percent of Therapy Hours Delivered vs Prescribed	86%	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Percent of Weekly Passed Behavior Management Program (80% is passing)	74%	
Percent of Discharged Youths Attending School/Graduated	50%	
Average Math Grade (60% is passing)	82%	
Average English Grade (60% is passing)	72%	

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Maryland Community Based Programs

Maryland Community Based Programs Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Number of Clients	16	13	13	20	**
Number of Casework Contacts	358	422	305	571	**
Number of After Hours Contacts	106	111	121	122	**
Number of After Hours Crisis Contacts	0	0	0	0	★
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Number of Section 8 Code of Conduct Violations	0	0	0	0	★
Number of Youth in School and/or Working	8.66	6	8	12	★

** indicates items with no goal

Maryland Community Based Programs Outputs	FY 22/23	Annual Results On Target
Number of Clients	28	**
Number of Casework Contacts	1816	**
Number of After Hours Contacts	387	**
Number of After Hours Crisis Contacts	0	★
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Number of Section 8 Code of Conduct Violations	0	★
Number of Youth in School and/or Working	18	★

** indicates items with no goal

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Maryland Foster Care

Maryland Foster Care Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Caseworker Visits Completed as Required (2x/month)	95%	86%	86%	95%	
Treatment Plans Completed on Time	54%	54%	64%	49%	
CANS Completed for Each Client	51%	52%	57%	67%	
Each Client has an Assigned Mental Health Therapist	73%	83%	86%	86%	
Foster Family Recertifications Completed	85%	100%	86%	100%	
Annual Goal of 4 New Foster Parents Per Year	-	2	-	-	
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
At Least 80% of Clients Achieved Their Permanency Plan Goal as Identified by the Court	100%	*	100%	100%	
At least 80% of Clients Have Identified at Least One Supportive Adult to Whom They Can Turn for Assistance in an Emergency	100%	100%	100%	100%	
CANS Reflects Client Improvement Upon Discharge	67%	50%	100%	80%	
85% of clients met or partially met their treatment plan goals by discharge	67%	75%	100%	63%	
Clients consistently attended school or graduated from HS/obtained GED	100%	75%	100%	100%	
Discharged Clients Experienced Two or Fewer Placements	100%	25%	100%	100%	

*No clients were discharged in this quarter.

Q4 Results Detail

-Caseworkers responding to client crises did not always have time to complete the paperwork in a timely manner.

Annual Results Detail

-Not all caseworkers had access to the CANS website during the past year due to a glitch in the state's system.

-Prospective foster parents who attended pre-service training did not follow through with certification.

Maryland Foster Care Outputs	FY 22/23	Annual Results On Target
Caseworker Visits Completed as Required (2x/month)	91%	
Treatment Plans Completed on Time	55%	
CANS Completed for Each Client	57%	
Each Client has an Assigned Mental Health Therapist	82%	
Foster Family Recertifications Completed	93%	
Annual Goal of 4 New Foster Parents Per Year	50%	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
At Least 80% of Clients Achieved Their Permanency Plan Goal as Identified by the Court	100%	
At least 80% of Clients Have Identified at Least One Supportive Adult to Whom They Can Turn for Assistance in an Emergency	100%	
CANS Reflects Client Improvement Upon Discharge	74%	
85% of clients met or partially met their treatment plan goals by discharge	84%	
Clients consistently attended school or graduated from HS/obtained GED	85%	
Discharged Clients Experienced Two or Fewer Placements	81%	

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PA Foster Care Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Casework Contacts	100%	100%	96%	100%	
Training Hours Met	100%	98%	92%	100%	
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Permanent Placement Achieved	83%	77%	78%	58%	
Placement Stability	100%	88%	100%	94%	

PA Foster Care Outputs	FY 22/23	Annual Results On Target
Casework Contacts	99%	
Training Hours Met	98%	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Permanent Placement Achieved	73%	
Placement Stability	93%	

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Adoption

Adoption Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Number of New Adoption Finalization Referrals	20	4	4	15	★
Number of Family Profile Referrals	12	9	12	18	★
Number of Child Profiles Completed	27	39	33	27	➡
Number of Completed SWAN Services Invoiced	75	74	91	74	➡
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Number of Families Approved	13	8	8	9	➡
Number of Finalized Adpotions	7	6	9	8	★

Adoption Outputs	FY 22/23	Annual Results On Target
Number of New Adoption Finalization Referrals	43	★
Number of Family Profile Referrals	51	★
Number of Child Profiles Completed	126	➡
Number of Completed SWAN Services Invoiced	314	➡
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Number of Families Approved	38	➡
Number of Finalized Adpotions	30	★

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Crisis

Crisis Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Number of Total Hours Provided	123	138	249	224	**
Number of Hours of Mobile Service Provided	43	40	70	129	**
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Diversion from Hospitalization or a Higher Level of Care	82%	81%	79%	85%	★
Provided Recommendations for Interventions, Skills and/or Services/Resources	92%	85%	96%	97%	★

** indicates items with no goal

Crisis Outputs	FY 22/23	Annual Results On Target
Number of Total Hours Provided	734	**
Number of Hours of Mobile Service Provided	439	**
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Diversion from Hospitalization or a Higher Level of Care	82%	★
Provided Recommendations for Interventions, Skills and/or Services/Resources	95%	★

** indicates items with no goal

Partial Hospitalization Program

Partial Hospitalization Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Number of Biopsychosocial Assessments Completed	5	7	7	7	
Number of Initial Plans Completed within 5 Treatment Days	4	7	7	7	
Number of Clients	24	27	25	24	
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
% of Children Returned to Home School District	75%	50%	50%	80%	
Attainment or Partial Attainment of Goals	100%	50%	50%	80%	

Partial Hospitalization Outputs	FY 22/23	Annual Results On Target
Number of Biopsychosocial Assessments Completed	26	
Number of Initial Plans Completed within 5 Treatment Days	25	
Number of Clients	100	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
% of Children Returned to Home School District	65%	
Attainment or Partial Attainment of Goals	60%	

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Family Based Mental Health Services

Family Based Mental Health Services Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Number of Active Clients	45	38	37	33	**
Number of Total Hours Delivered	1252	937	1316	1104	
Number of Team Delivered Hours	479	397	506	353	
Number of Individual Hours Delivered	773	540	810	751	
Number of Authorized Hours	1,211	1,092	1,436	848	**
Authorized vs Delivered	52%	39%	92%	50%	
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Attainment of Treatment Goals	80%	90%	67%	83%	

** indicates items with no goal

Q4 Results Detail
-Unplanned discharges and staffing issues led to a decrease in total and team delivered hours.

Annual Results Detail
-The low number of team delivered hours were due to a lack of staffing and recruiting. The quality of delivered services remained high.

Family Based Mental Health Services Outputs	FY 22/23	Annual Results On Target
Number of Active Clients	153	**
Number of Total Hours Delivered	4609	
Number of Team Delivered Hours	1735	
Number of Individual Hours Delivered	2,874	
Number of Authorized Hours	4,587	**
Authorized vs Delivered	78%	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Attainment of Treatment Goals	80%	

**indicates items with no goal

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Intensive Behavioral Health Services

Intensive Behavioral Health Services Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Number of Initial and Ongoing CANS Assessments Completed	86	61	84	87	**
Number of Treatment Plans Completed	148	114	142	143	**
Number of Active Clients	291	267	284	230	**
Number of Delivered Hours	7,426	8,037	9,245	8,357	
Authorized vs Delivered	45%	51%	52%	43%	
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Engagement in Services within 180 days	70%	76%	59%	62%	
Attainment or Partial Attainment of Goals	80%	75%	79%	42%	

**indicates items with no goal

Q4 Results Detail
-Authorized vs delivered hours was impacted due to staffing issues.
-Attainment of goals was impacted due to a staff resignation that resulted in the discharge of 12 clients.

Intensive Behavioral Health Services Outputs	FY 22/23	Annual Results On Target
Number of Initial and Ongoing CANS Assessments Completed	318	**
Number of Treatment Plans Completed	547	**
Number of Active Clients	1072	**
Number of Delivered Hours	33,065	
Authorized vs Delivered	48%	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Engagement in Services within 180 days	66%	
Attainment or Partial Attainment of Goals	66%	

** indicates items with no goal

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Outpatient Services

Outpatient Outputs	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Number of Referrals Made	670	920	747	677	**
Number of First Assessments Completed	433	513	445	489	**
Number of Hours of Service Delivered	11,885	13,001	14,297	13,327	
Outcome Goals	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Initial Engagement is Evidenced by the Client Attending the First Assessment Appointment After the Referral was Made	67%	80%	80%	74%	
Attainment or Partial Attainment of Goals at Discharge	67%	80%	68%	72%	

**indicates items with no goal

Outpatient Outputs	FY 22/23	Annual Results On Target
Number of Referrals Made	3014	**
Number of First Assessments Completed	1867	**
Number of Hours of Service Delivered	98,135	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Initial Engagement is Evidenced by the Client Attending the First Assessment Appointment After the Referral was Made	69%	
Attainment or Partial Attainment of Goals at Discharge	71%	

**indicates items with no goal

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Finance

CORP-Finance	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q4 Results On Target
Timely Reporting of Final Financial Results within 30 days	29.7	27	24.3	27.5	
Timely Accounts Receivable (AR) Collections	59%	68%	68%	57%	
Payroll Completed in a Timely Manner	100%	100%	100%	100%	

CORP-Finance	FY 22/23	Annual Results On Target
Timely Reporting of Final Financial Results within 30 days	27.5	
Timely Accounts Receivable (AR) Collections	63%	
Payroll Completed in a Timely Manner	100%	

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Information Technology

Information Technology Outputs	Q3 22/23	Q4 22/23	Q4 Results On Target
Bi-Annual Staff Survey	100%	*	
Monthly Technology Trainings Offered to All Staff	100%	100%	
Use Technology Committee to Implement Technological Imrpovements	100%	67%	
Approved Tech Requests are Completed in a Timely Manner (21 days)	350%	210%	
Outcome Goals	**Q3 22/23**	**Q4 22/23**	**Q4 Results On Target**
Increased Staff Skills, Abilities, and Proficiency of Technology (% of staff participating in training)	19%	10%	
Paper Usage is Significantly Reduced	13%	11%	
Staff Have the Technology Needed to Complete Their Job Tasks (number of tech requests completed per quarter)	100%	100%	

*bi-annual item, no data for Q4

Information Technology Outputs	FY 22/23	Annual Results On Target
Bi-Annual Staff Survey	100%	
Monthly Technology Trainings Offered to All Staff	100%	
Use Technology Committee to Implement Technological Imrpovements	83%	
Approved Tech Requests are Completed in a Timely Manner (21 days)	280%	
Outcome Goals	**FY 22/23**	**Annual Results On Target**
Increased Staff Skills, Abilities, and Proficiency of Technology (% of staff participating in training)	15%	
Paper Usage is Significantly Reduced	12%	
Staff Have the Technology Needed to Complete Their Job Tasks (number of tech requests completed per quarter)	100%	

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INTERNAL&EXTERNAL

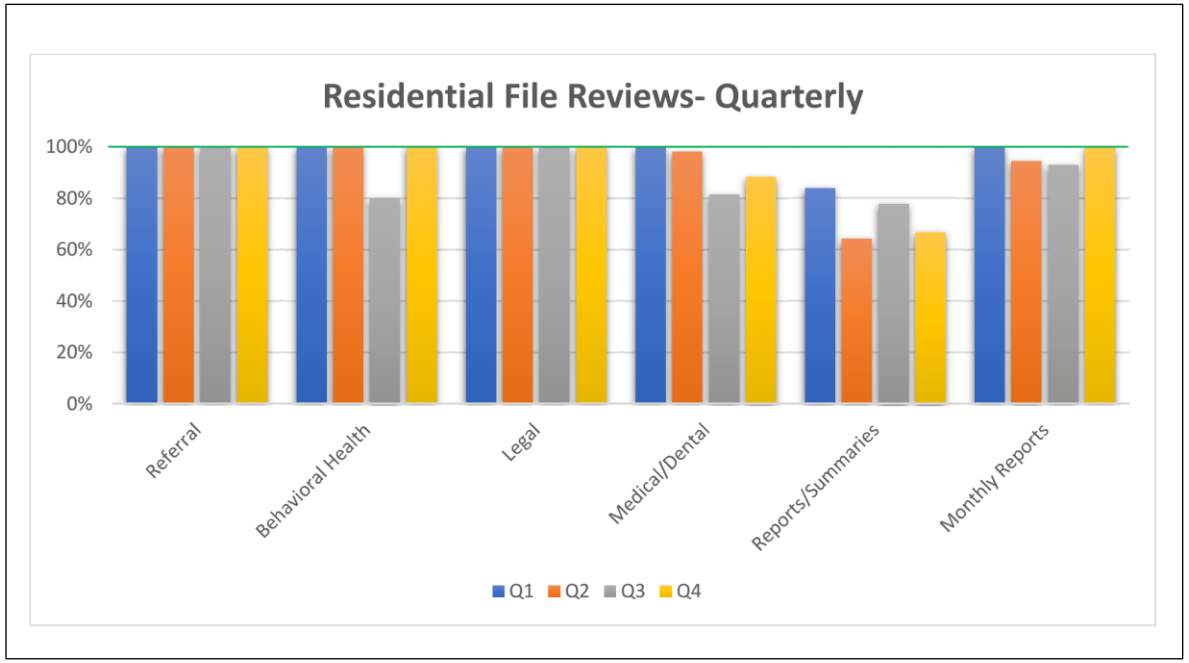
File Audits & Inspections

CONCERN conducts internal reviews to minimize the risks associated with poorly maintained client files, to document the quality of the service being delivered and to identify barriers and opportunities for improving services. Uniform collection tools are used to ensure consistency and allow comparison of data across programs. Quarterly reviews of client files evaluate the presence, clarity, continuity, and completeness of required documents.

External entities (state and county government, other regulators, and funding sources) conduct external file audits and regular licensing inspections.

Inspection/Audit Type	Running Totals	Apr-June 2023	Jan-Mar 2023	Oct-Dec 2022	July-Sept 2022
Internal File Audits	942	221	216	244	261
External File Audits	10	2	5	2	1
Licensing Inspections/Full Licensure	20	4	8	3	5

Residential Program Quarterly File Review Totals



Q4 (Apr-June 2023)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 90%.

Q1 (July-Sept 2022)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 97%.

Q2 (Oct-Dec 2022)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 87%.

Q3 (Jan-Mar 2023)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 87%.

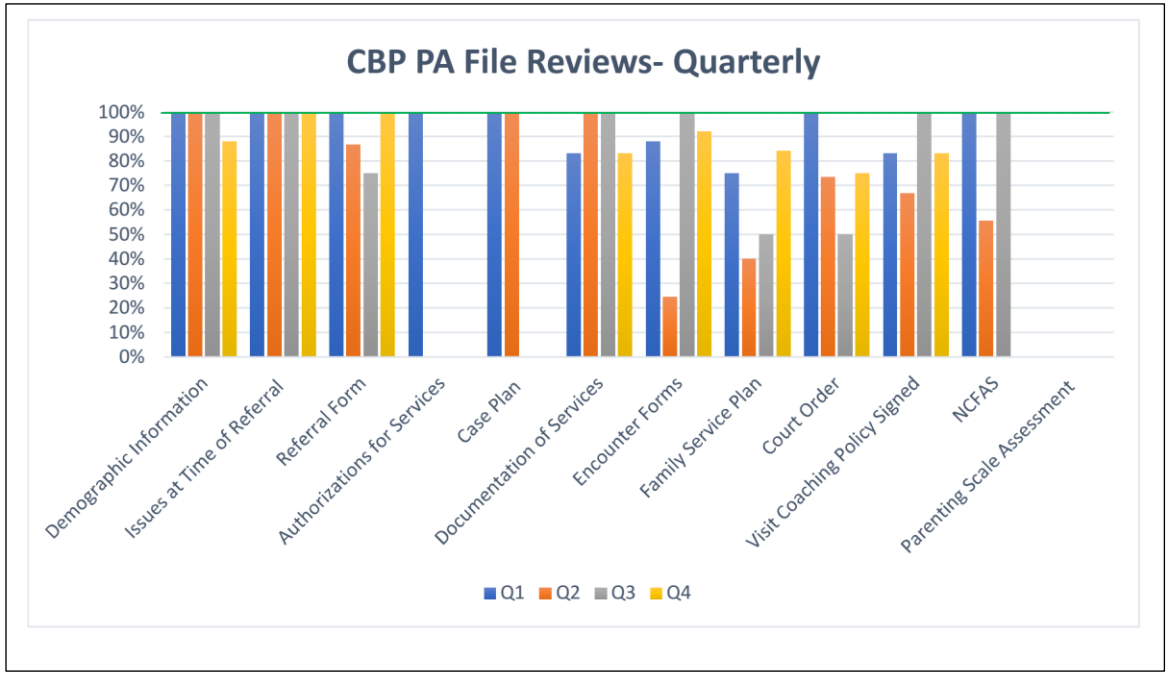
The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Behavioral Health				
Treatment Plan (Initial) (QI)	100%	100%	100%	100%
Treatment Plan (Review) (QI)	100%	n/a	100%	n/a
Reports/Summaries				
ISP- Initial (QI)	100%	100%	100%	100%
ISP 6 month (QI)	100%	100%	n/a	n/a
ISP 12 month (QI)	100%	n/a	n/a	n/a
ISP other (QI)	100%	n/a	n/a	n/a
Monthly Reports				
Monthly Reports (QI)	100%	100%	100%	100%

Quality Indicator Results Detail

For Q4, overall compliance for these items was 100%.
For Q1, overall compliance for these items was 100%.
For Q2, overall compliance for these items was 100%.
For Q3, overall compliance for these items was 100%.

Pennsylvania Community Based Programs File Reviews Quarterly Total



Q4 (Apr-June 2023)
Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 8 files.
Overall compliance was 87%.

Q1 (July-Sept 2022)
Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 8 files.
Overall compliance was 91%.

Q2 (Oct-Dec 2022)
Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 13 files.
Overall compliance was 79%.

Q3 (Jan-Mar 2023)
Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 4 files.
Overall compliance was 86%

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators	Q1	Q2	Q3	Q4
Case Plan (QI)	100%	100%	n/a	n/a
Documentation of Services				
Progress Notes (QI)	100%	100%	100%	100%
Quaterly Reports (QI)	50%	100%	n/a	50%
Discharge Summaries (QI)	100%	100%	100%	100%

Quality Indicator Results Detail

For Q4, overall compliance for these items was 83%.
For Q1, overall compliance for these items was 88%.
For Q2, overall compliance for these items was 100%.
For Q3, overall compliance for these items was 100%.

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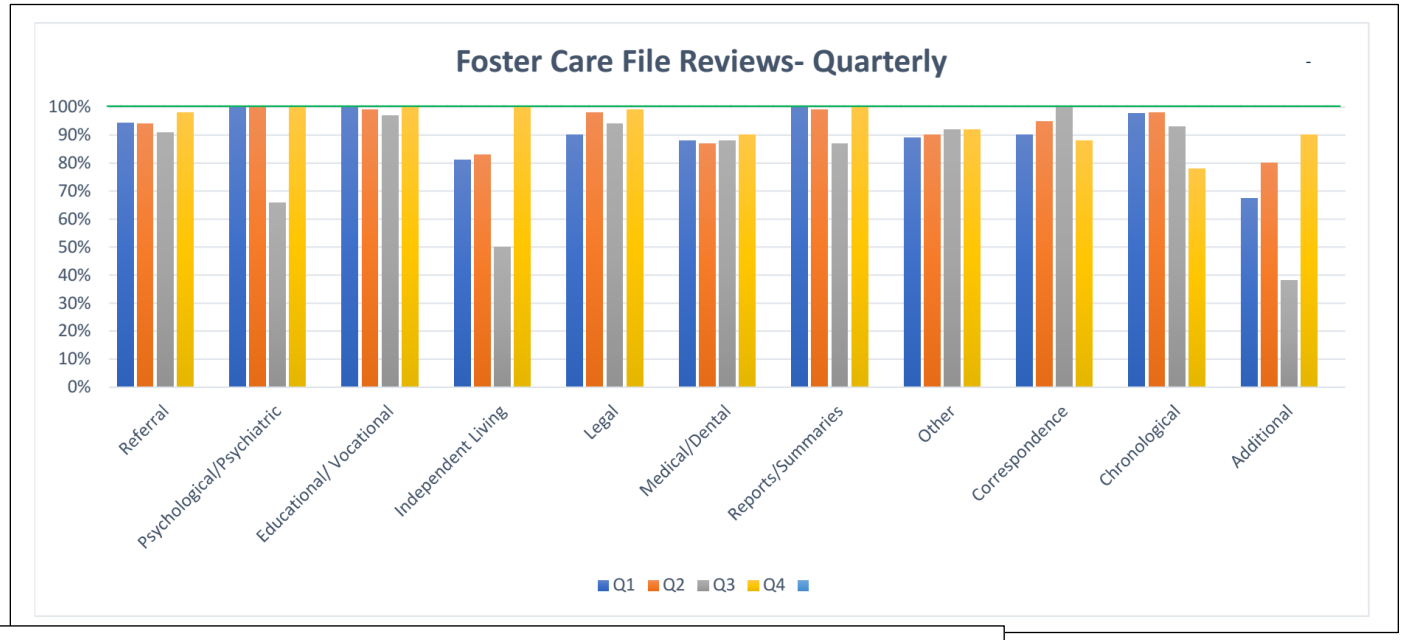
Foster Care Programs File Reviews Quarterly Totals



Quality Indicators (QI)	Q1	Q2	Q3	Q4
Reports/Summaries				
Discharge Summaries (QI)	100%	100%	90%	100%
Initial Individual Service Plan (QI)	100%	97%	94%	100%
Quarterly Review/ Updated Service Plan (QI)	100%	100%	100%	100%
Six Month Review/Updated Service Plan (QI)	100%	100%	75%	100%
Chronological				
Client Chronological Report of Case Activity (QI)	100%	100%	90%	80%
Assessment of Safety (QI)	96%	96%	96%	75%

Q4 (Apr-June 2023)
Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 27 files. Overall compliance was 94%.

Q1 (July-Sept 2022)
Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 30 files. Overall compliance was 91%.

Q2 (Oct-Dec 2022)
Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 29 files. Overall compliance was 93%.

Q3 (Jan-Mar 2023)
Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 27 files. Overall compliance was 88%.

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicator Results Detail

For Q4, overall compliance for these items was 93%.
For Q1, overall compliance for these items was 99%.
For Q2, overall compliance for these items was 99%.
For Q3, overall compliance for these items was 91%.

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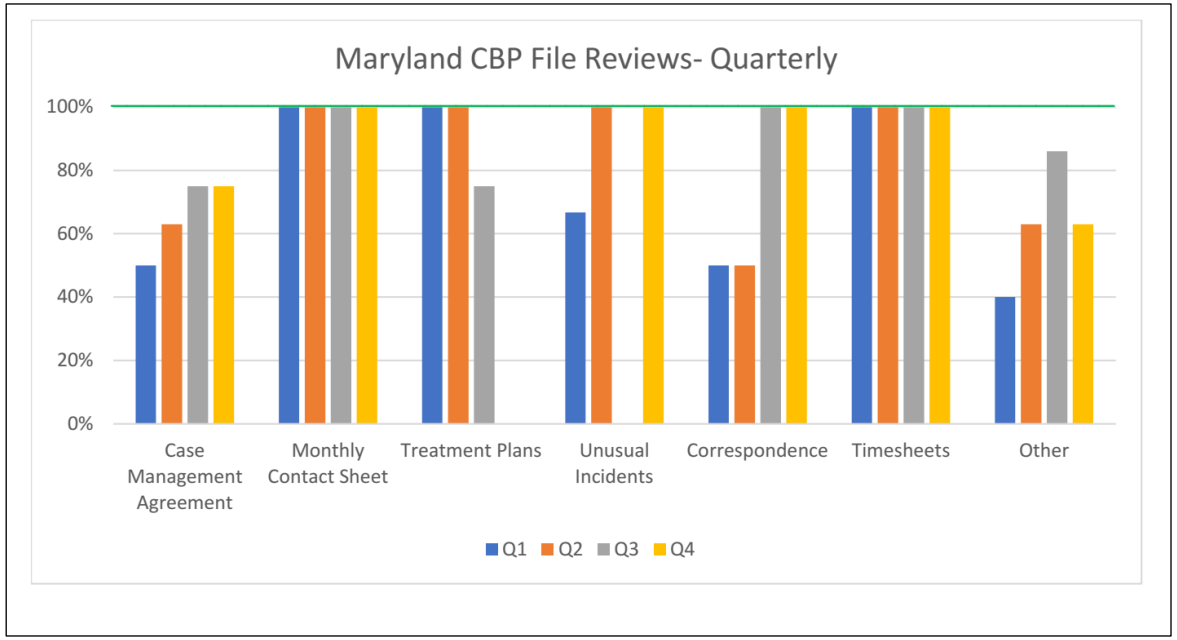
Maryland Community Based Programs File Reviews Quarterly Totals



Q4 (Apr-June 2023)
Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files.
Overall compliance was 78%.

Q1 (July-Sept 2022)
Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 5 files.
Overall compliance was 72%.

Q2 (Oct-Dec 2022)
Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files.
Overall compliance was 75%.

Q3 (Jan-Mar 2023)
Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files.
Overall compliance was 88%.

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

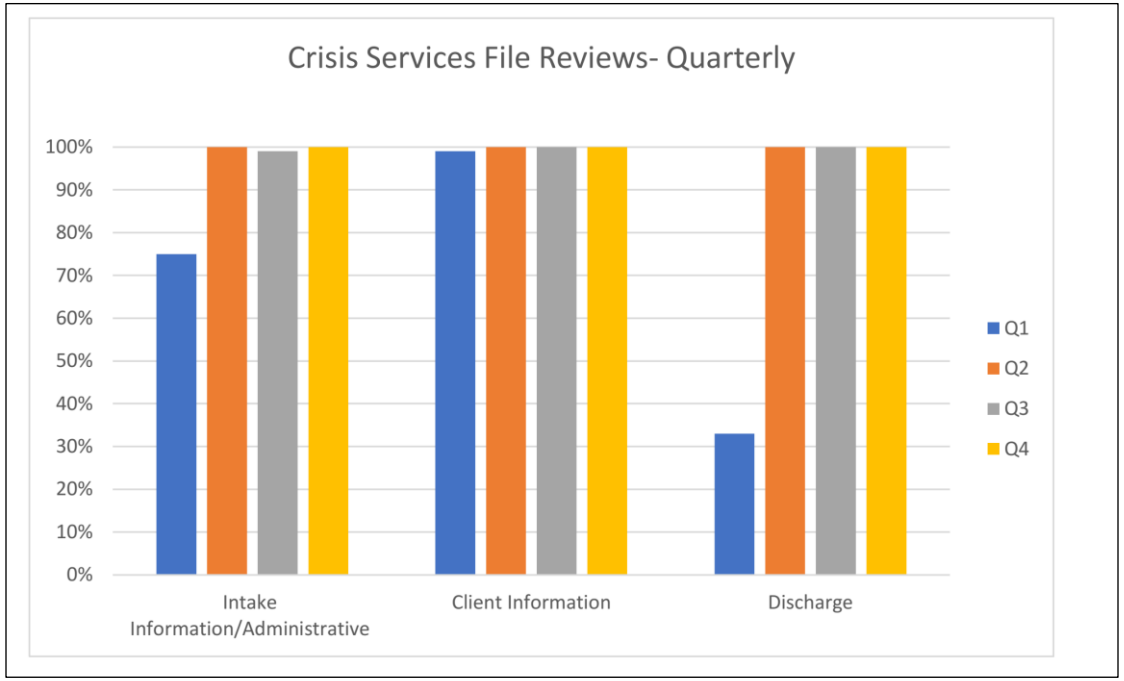
Quality Indicator Results Detail

For Q4, overall compliance for this item was 0%.
For Q1, overall compliance for this item was 100%.
For Q2, overall compliance for this item was 100%.
For Q3, overall compliance for this item was 75%.

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Treatment Plans (QI)	100%	100%	75%	0%

CONCERN

Crisis Services File Reviews Quarterly Totals



Q4 (Apr-June 2023)
Crisis Programs conducted file reviews on a total of 38 files.
Overall compliance was 100%.

Q1 (July-Sept 2022)
Crisis Programs conducted file reviews on a total of 37 files.
Overall compliance was 69%.

Q2 (Oct-Dec 2022)
Crisis Programs conducted file reviews on a total of 45 files.
Overall compliance was 100%.

Q3 (Jan-Mar 2023)
Crisis Programs conducted file reviews on a total of 37 files.
Overall compliance was 99%.

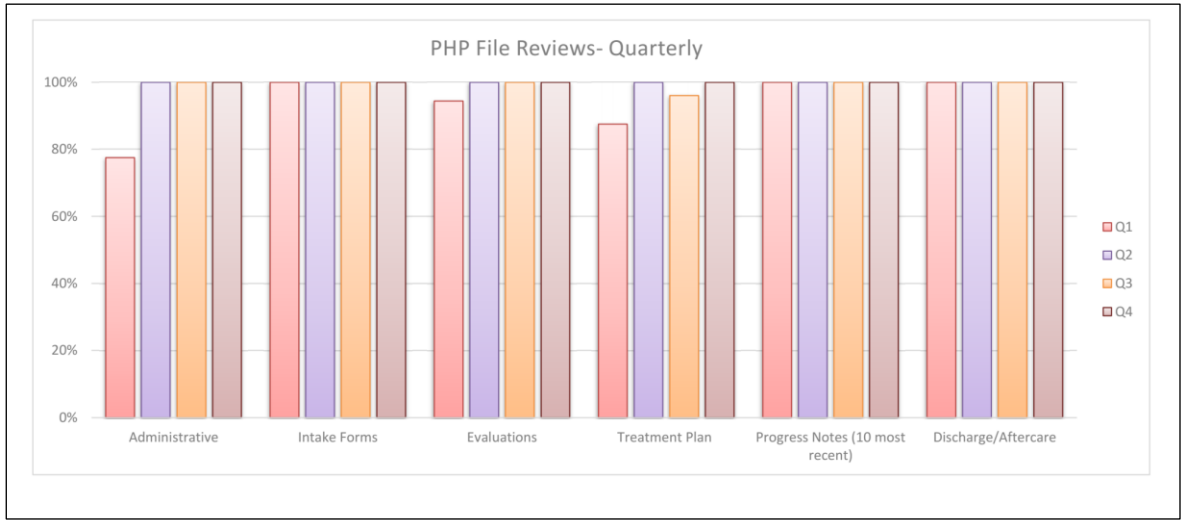
Quality Indicator Results Detail

For Q4, overall compliance for these items was 100%.
For Q1, overall compliance for these items was 99%.
For Q2, overall compliance for these items was 100%.
For Q3, overall compliance for these items was 100%.

Quality Indicators	**Q1**	**Q2**	**Q3**	**Q4**
Client Information				
"D" section of progress note active intervention occurring during the session (QI)	98%	100%	100%	100%
"D" section addressed natural and community supports (QI)	98%	98%	100%	100%
"A" section of the note includes assessment of SI/HI risk (QI)	100%	100%	100%	100%
"A" section of the note includes assessment of D&A needs (QI)	100%	100%	100%	100%

CONCERN

Partial Hospitalization Services File Reviews Quarterly Totals



Q4 (Apr-June 2023)
Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 100%.

Q1 (July-Sept 2022)
Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 93%.

Q2 (Oct-Dec 2022)
Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 100%.

Q3 (Jan-Mar 2023)
Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 99%.

The Key Performance Indicator (KPI) thresholds for this line of service are either 80% or 100%.
The items requiring a KPI of 80% had an average score of 100%.
The items requiring a KPI of 100% had an average score of 100%.

Quality Indicator Results Detail

For Q4, overall compliance for these items was 100%.
For Q1, overall compliance for these items was 95%.
For Q2, overall compliance for these items was 100%.
For Q3, overall compliance for these items was 98%.

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Treatment Plan				
Treatment Plan contains the strengths of the client (QI)	100%	100%	100%	100%
Treatment Plan has goals clinically consistent with problems/needs/diagnoses identified in the psychiatric evaluation (QI)	100%	100%	100%	100%
Treatment Plan has specific, behaviorally defined objectives or steps to meet goals (QI)	100%	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family? (QI)	50%	100%	100%	100%
Transition/discharge plan contains strengths, supports, and is clearly defined (QI)	100%	100%	83%	100%
Progress towards goals documented appropriately on treatment plan (QI)	100%	100%	100%	100%
Progress Notes (10 most recent)				
"D" section clearly states an active intervention occuring during sessions (QI)	100%	100%	100%	100%
"P" section states the focus for the next session, any homework given to the client, and any follow-up the therapist will be doing. (QI)	100%	100%	100%	100%
Written in DAP format (including goal to be addressed). Content of the note is consistent with goal/objective/intervention in Tx. (QI)	100%	100%	100%	100%
Discharge/Aftercare				
Discharge summary addresses all Tx Plan goals and is clearly defined (QI)	100%	100%	100%	100%

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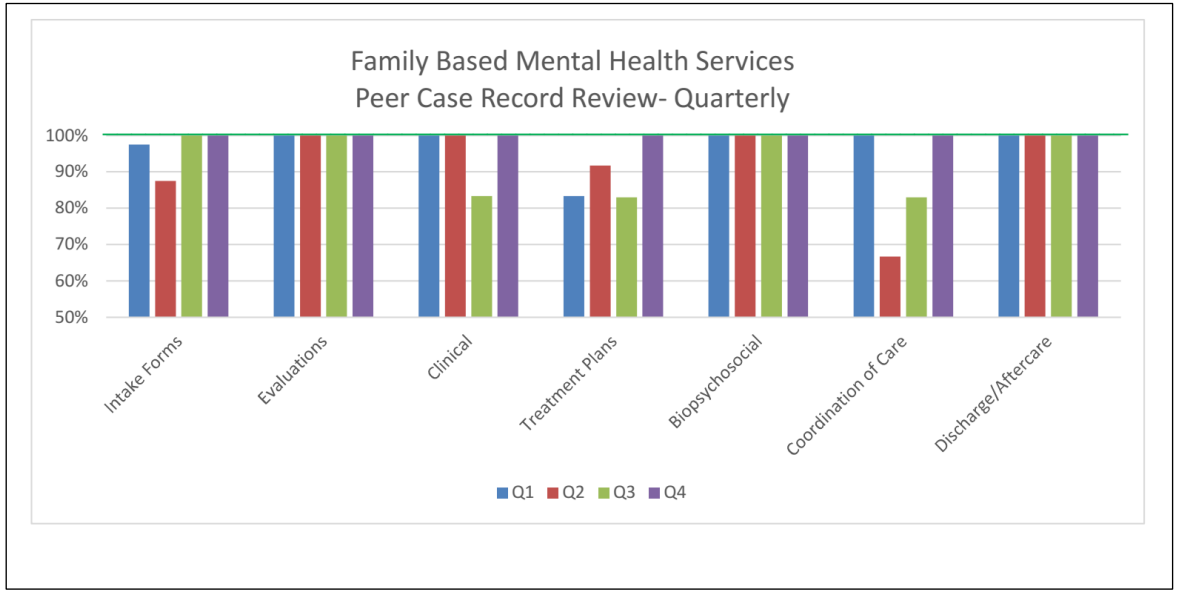
Family Based Mental Health Services File Reviews Quarterly Totals



Q4 (Apr-June 2023)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files.
Overall compliance was 100%.

Q1 (July-Sept 2022)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 8 files.
Overall compliance was 97%.

Q2 (Oct-Dec 2022)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files.
Overall compliance was 92%.

Q3 (Jan-Mar 2023)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files.
Overall compliance was 93%.

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators (QI)

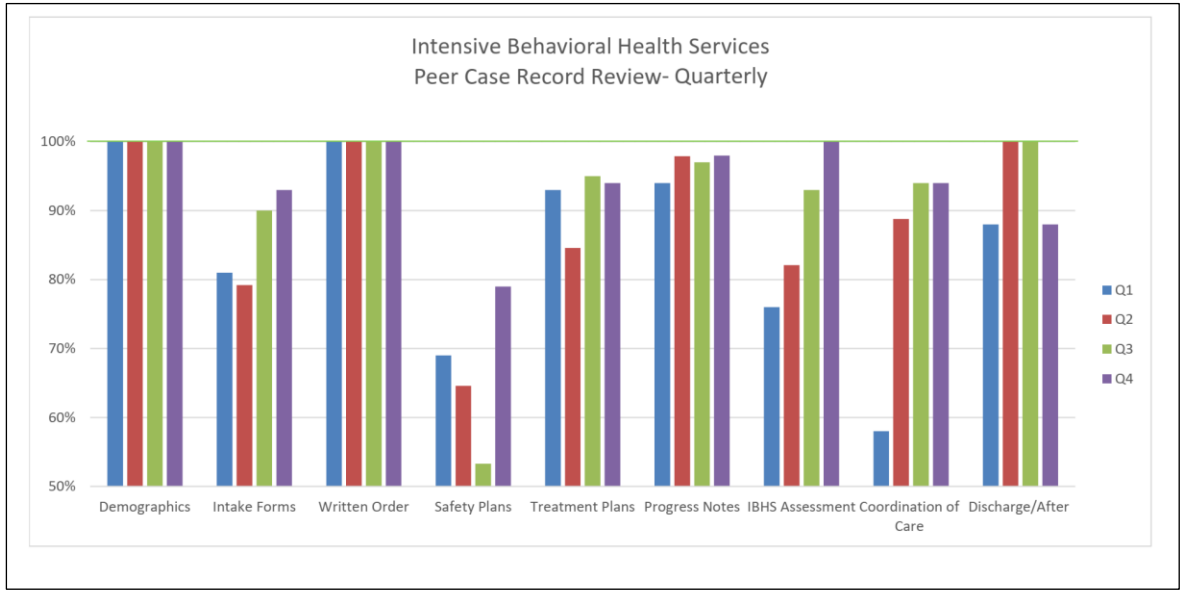
Clinical	**Q1**	**Q2**	**Q3**	**Q4**
Documentation supporting that Client seen by Team within 24 hours of client returning home from hospitalization? (QI)	100%	100%	67%	100%
Progress Notes include client response to intervention (QI)	100%	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family?(QI)	100%	83%	83%	100%
Coordination of Care - Initial and most recent 2-months				
Evidence of coordination of care with other formal/informal supports a minimum of monthly? (QI)	100%	67%	83%	100%
Evidence that the prescribing physician was informed within 48 hours of medication issue or in instances in which refusal of taking medication? (QI)	100%	n/a	100%	100%

Quality Indicator Results Detail

For Q4, overall compliance for these items was 100%.
For Q1, overall compliance for these items was 100%.
For Q2, overall compliance for these items was 88%.
For Q3, overall compliance for these items was 87%.

CONCERN

Intensive Behavioral Health Services File Reviews Quarterly Total



Q4 (Apr-June 2023)
Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 28 files.
Overall compliance was 94%.

Q1 (July-Sept 2022)
Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 32 files.
Overall compliance was 84%.

Q2 (Oct-Dec 2022)
Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 25 files.
Overall compliance was 89%.

Q3 (Jan-Mar 2023)
Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 26 files.
Overall compliance was 91%.

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

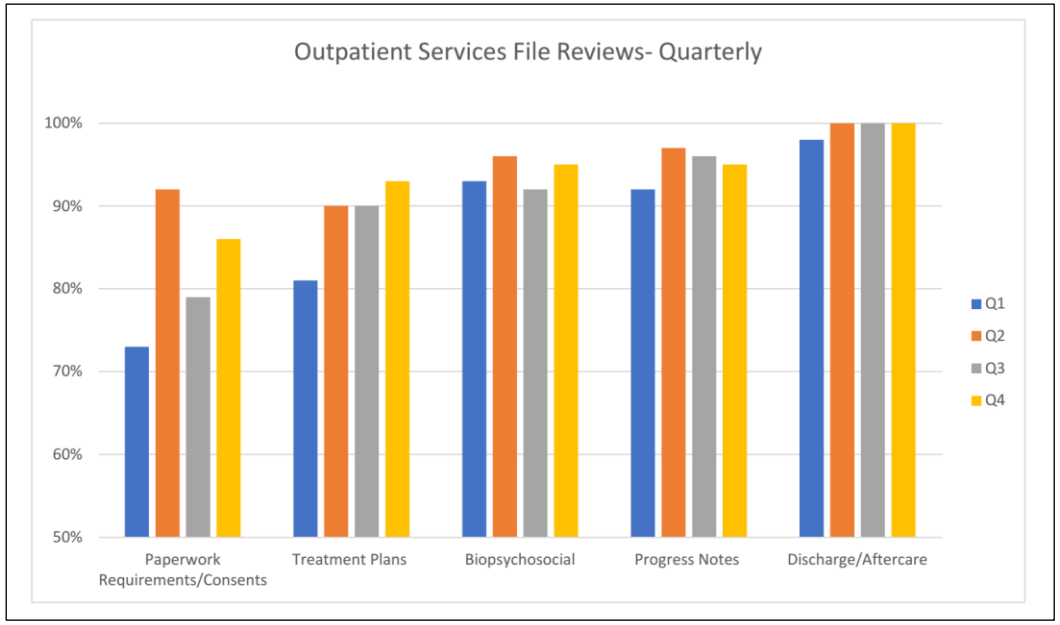
Quality Indicator Results Detail

For Q4, overall compliance for these items was 94%.
For Q1, overall compliance for these items was 81%.
For Q2, overall compliance for these items was 87%.
For Q3, overall compliance for these items was 90%.

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Safety Plans				
Safety/Crisis plans identify specific steps for all settings? (QI)	73%	63%	41%	81%
Safety/Crisis plans identify natural and communirty supports and their role in the plan? (QI)	65%	67%	66%	78%
Treatment Plans				
Treatment plan documents the client, family, and cultural strengths? (QI)	94%	72%	100%	100%
Treatment plan has goals clinically consistent with problems/needs/diagnoses identified in IBHS assessment (QI)	98%	100%	99%	100%
Treatment plan has operationally defined, measurable, objectives to meet goals (QI)	95%	92%	99%	100%
Progress summary includes measurable data for each goal objective (if continued stay/amendment) (QI)	85%	75%	83%	75%
Progress Notes				
"D" section clearly states an active intervention occurring during session (must come directly from Tx plan) (QI)	89%	100%	99%	100%
"D" client's response to the intervention (QI)	98%	96%	99%	100%
"A" section Clinician's interpretation of clients symptoms, level of participation, prognosis, concerns, & interpretation of data comparison (QI)	94%	100%	98%	100%
"P" section states Tx goal/objective focus/setting for next session, any HW given, and any follow-up the therapist will be doing (QI)	94%	96%	92%	92%
IBHS Assessment				
Was a referral made **OR** does treatment plan identify how trauma/MISA is being addressed? (QI)	54%	71%	88%	100%
Recommendations reflect the needs of the client and family (QI)	97%	93%	99%	100%
Coordination of Care				
Evidence of coordination of care with educational and/or vocational systems a minimum of monthly? (QI)	69%	86%	96%	99%
Evidence of coordination of care with other child-serving systems a minimum of monthly? (QI)	71%	86%	88%	100%
Evidence of coordination of care with other behavioral health specialists minimum of monthly? (QI)	33%	94%	100%	83%
Discharge/Aftercare				
Discharge summary addresses al Tx plan goals and is clearly defined (QI)	88%	100%	100%	88%

CONCERN

Outpatient Services File Reviews Quarterly Totals



Quality Indicators	Q1	Q2	Q3	Q4	KPI's
Treatment Plans					
Transition plan described (supports/resources for client) (QI)	82%	94%	94%	85%	80%
Discharge criteria clearly defined/measurable (QI)	83%	86%	94%	92%	80%
Interventions incorporate client strengths (QI)	69%	82%	73%	91%	80%
Client friendly language used (QI)	100%	98%	100%	99%	80%
Client's strengths listed (QI)	98%	100%	98%	97%	80%
Goals consistent with diagnosis/needs of client (QI)	94%	98%	91%	100%	80%
In updated treatment plans, progress is documented (QI)	86%	95%	95%	95%	100%
Safety Plan: individualized (QI)	88%	91%	99%	97%	80%
Biopsychosocial					
Assessment of client's strengths/needs is made (QI)	95%	98%	95%	99%	100%
Diagnoses are consistent with present features (QI)	91%	95%	89%	91%	80%
Progress Notes					
D section lists intervention listed in Tx plan (QI)	86%	94%	93%	92%	100%
A section lists clinical features, mood, affect, level of cooperation (QI)	93%	99%	100%	94%	100%
Treatment modalities used in session are listed (QI)	98%	95%	96%	100%	100%
P section lists date of next session and goals to work on (QI)	90%	99%	95%	92%	100%

Q4 (Apr-June 2023)
Outpatient Programs (OPT) conducted file reviews on a total of 97 files.
Overall compliance was 93%.

Q1 (July-Sept 2022)
Outpatient Programs (OPT) conducted file reviews on a total of 101 files.
Overall compliance was 87%.

Q2 (Oct-Dec 2022)
Outpatient Programs (OPT) conducted file reviews on a total of 99 files.
Overall compliance was 93%.

Q3 (Jan-Mar 2023)
Outpatient Programs (OPT) conducted file reviews on a total of 100 files.
Overall compliance was 90%.

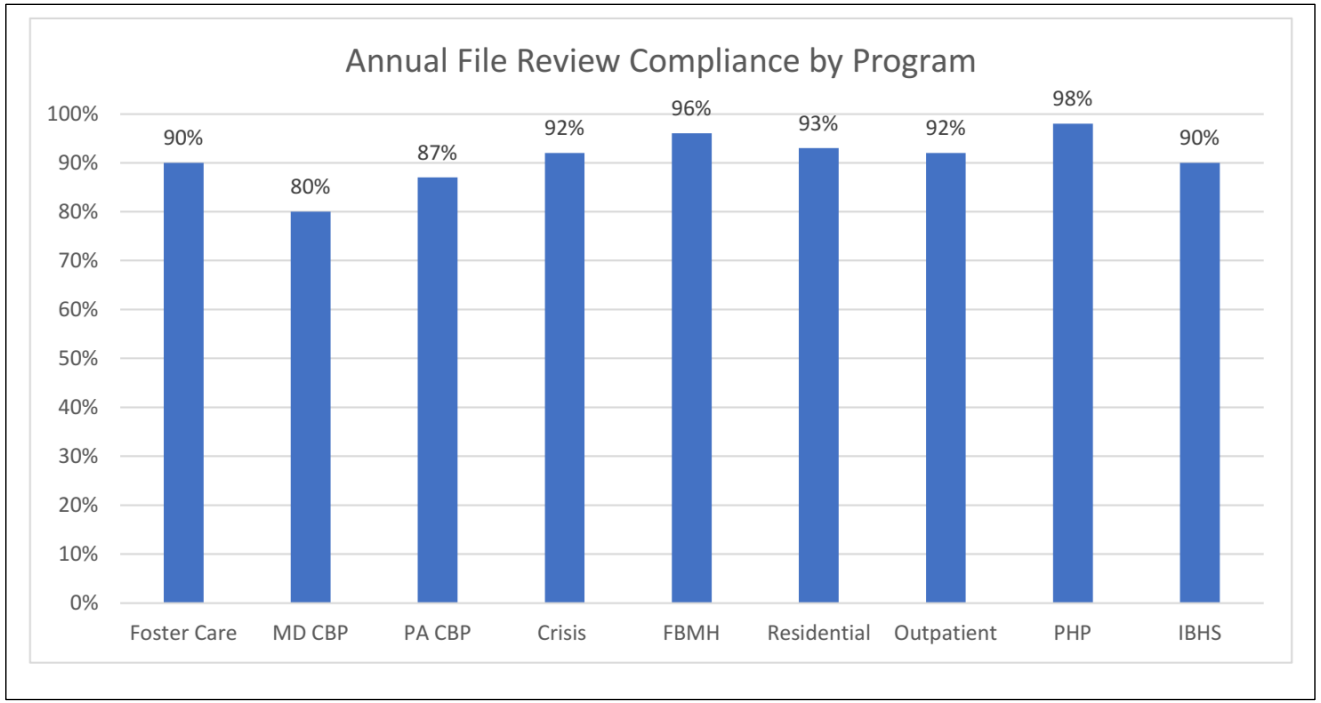
The Key Performance Indicator (KPI) thresholds for this line of service are either 80% or 100%.
The items requiring a KPI of 80% had an average score of 89%.
The items requiring a KPI of 100% had an average score of 97%.

Quality Indicator Results Detail

For Q4, overall compliance for these items was 95%.
For Q1, overall compliance for these items was 89%.
For Q2, overall compliance for these items was 95%.
For Q3, overall compliance for these items was 94%

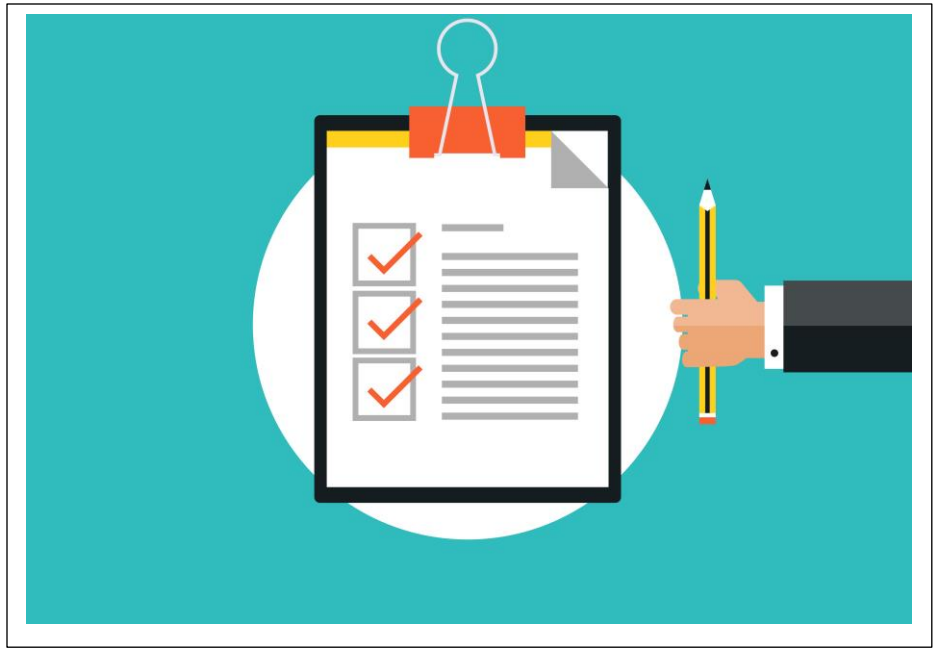
CONCERN

Annual File Review Totals by Program



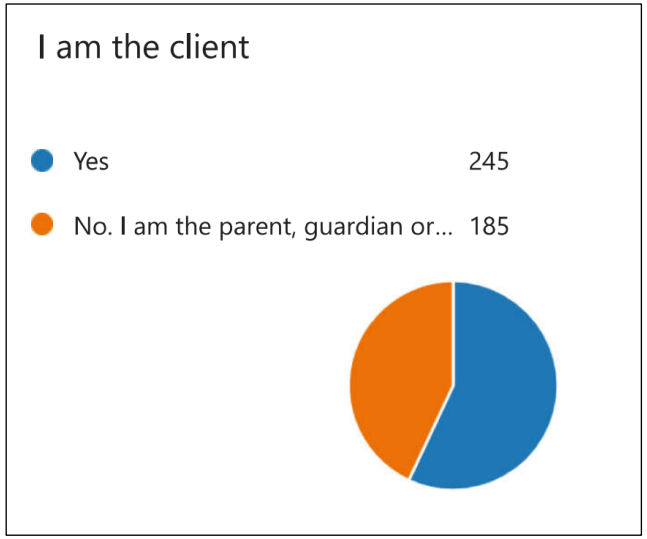
This is a summary for all the internal file reviews that have been completed in Fiscal Year 22-23. All results are evaluated by program leadership and any corrective action that is needed is carried out at the local level.

Key:
Foster Care- All PA and MD Foster Care Programs
MD CBP- Maryland Community Based Services
PA CBP- Pennsylvania Community Based Services
Crisis- Crisis Services
FBMH- Family Based Mental Health Services
Residential- CONCERN's Treatment Unit for Boys
Outpatient- Outpatient Services
PHP- Partial Hospitalization Program
IBHS- Intensive Behavioral Health Services



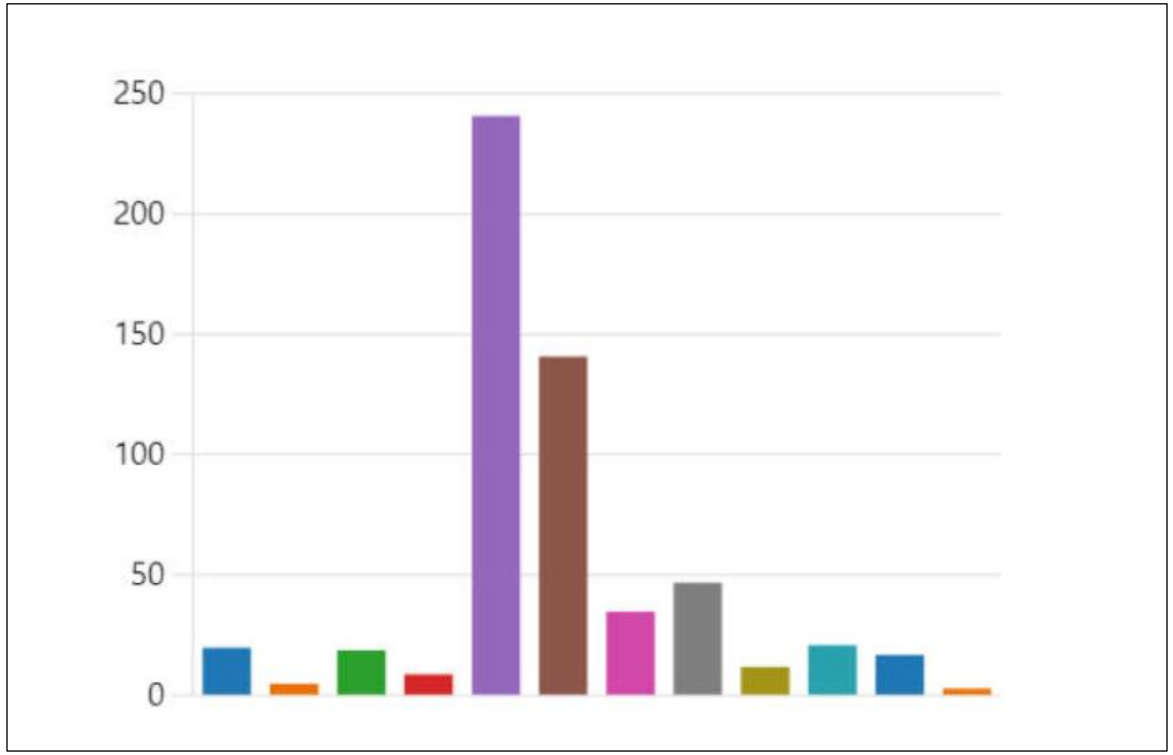
Client Satisfaction Survey

CONCERN conducted a Client Satisfaction Survey in April 2023.
432 responses were collected.



What service do you receive or have you received from CONCERN (you may choose more than 1).

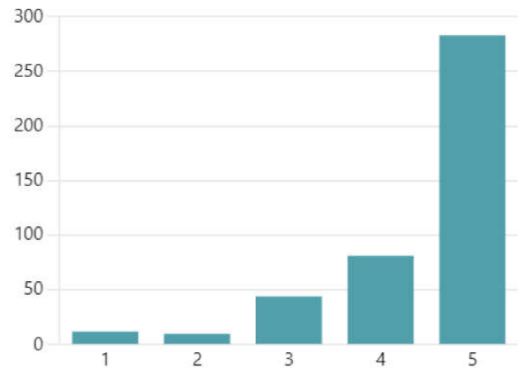
Foster care	20
Treatment Foster Care (Maryland)	5
Residential (CTUB)	19
Adoption	9
Outpatient	241
Medication Management	141
IBHS	35
Family Based	47
Partial Hospitalization	12
Crisis	21
Community Based Program	17
Community Residential Rehabilit...	3



I am satisfied with the services I received or I am currently receiving at CONCERN. 1 Star = Strongly Disagree, 2 Stars,3 ,4 and 5 Stars = Strongly Agree.

4.43

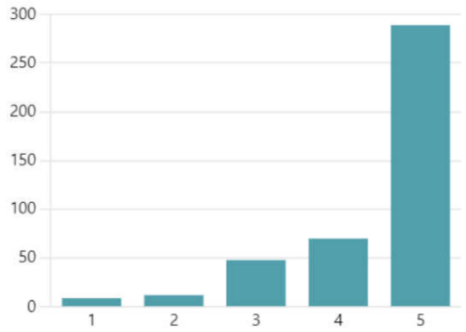
Average Rating



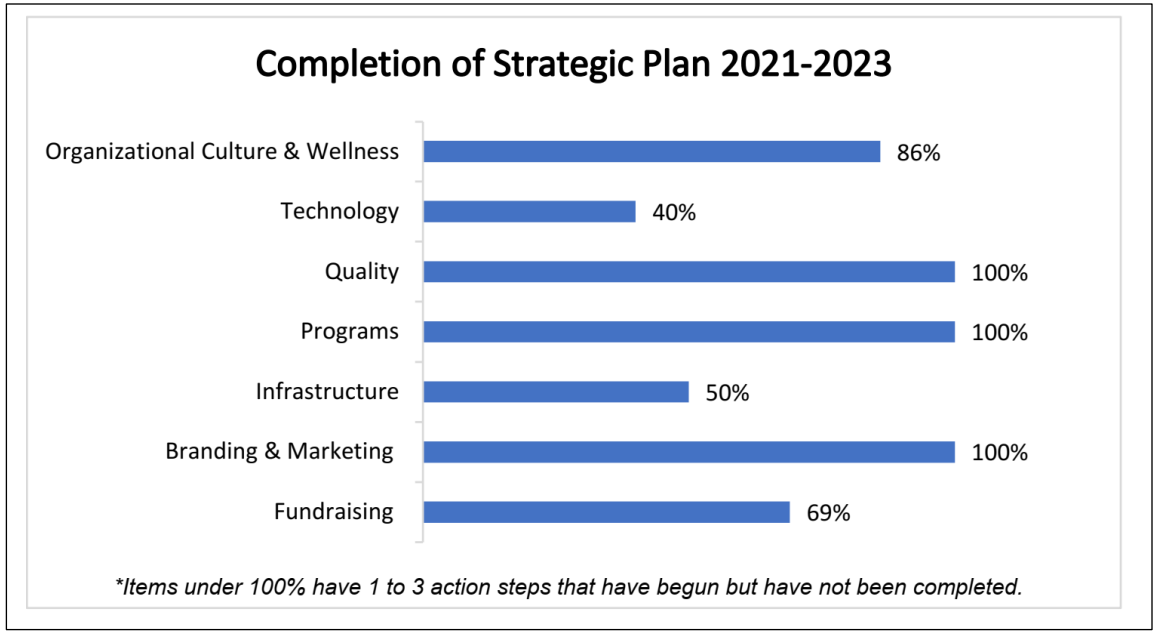
The services I receive at CONCERN have improved or are improving my quality of life/ helped me gain skills. 1 Star = Strongly Disagree, 2 Stars,3 ,4 and 5 Stars = Strongly Agree.

4.44

Average Rating



Strategic Planning



The 2021-2023 Strategic Plan results are in. And they look good! The graph above shows what was completed and all the work that was done. This is a testament to the dedication of our staff. Items under 100% completed have 1 to 3 action steps in progress and will be completed soon or will carry over to the next Strategic Plan.

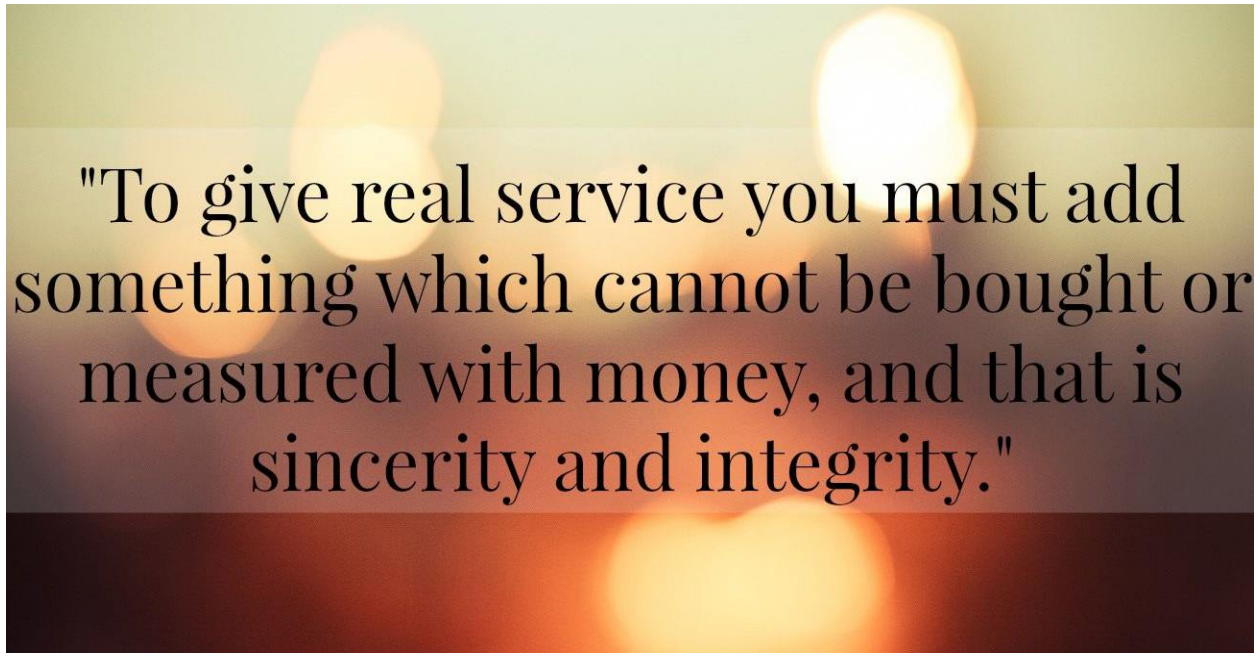
The 2023-2026 Strategic plan was finalized and voted on by the Board in July of 2023. To complete this process, we formed a committee of senior/regional leaders to work on the plan. A detailed SWOT analysis was completed by this group. The plan was developed with input from the Board and all levels of staff. There is a lot to achieve in the next few years, and we are well on our way!

Plan Updates

The PQI Committee reviews Improvement Plans for a variety of areas within CONCERN. Data is reviewed and then evaluated for the need of an Improvement Plan. Members of the PQI Committee are involved with the implementation and monitoring of the Improvement Plans and progress and data is reported to the committee regularly.

Currently we have 6 Improvement Plans that are in various stages of planning and/or actions and/or checking. The following is a list of the Improvement Plans:

- CTUB Training
- Behavioral Health Training
- Outpatient Treatment Plans
- Partial Hospitalization Treatment Plans
- Training Evaluation
- Collaborative Documentation



Thank you to all the PQI Committee members who not only meet monthly to review and analyze data. Additionally, they attend sub-committee meetings to further the full committee activities and spread the culture of quality improvement through the agency.

This report includes data from Q4 (April 2023 to June 2023) and for the Fiscal Year 2022-23 and is a testament to the focus, and commitment of staff especially as it relates to their daily work with clients and their attention to detail when working with the data.

If you have any feedback about this report, please contact us at creeling@concern4kids.org or 484-578-9600.